# **EXHIBIT I**

### Points of VIEW ON LINDANE

Information DOWNLOADS

#### Medical & Scientific Opinions

Points of View on Lindane:

Jocelyn Elders, MD. Former US Surgeon General and Director of Health for the State FOOD AND DRUG of Arkansas. Distinguished Professor of Pediatrics and Public Health at the University ADMINISTRATION of Arkansas for Medical Sciences. February 18, 2008.

ENVIRONMENTAL
PROTECTION AGENCY

Len I. Sweet, PhD, MPH, Msc. Senior Health Scientist, Chemrisk. University of Michigan Alum of Toxicology, Environmental Science and Public Health Graduate Programs. February 23, 2008.

CENTERS FOR DISEASE
CONTROL AND PREVENTION

Tor Shwayder, MD, Director, Pediatric Dermatology, Director, Dermatology ResidencyMEDICAL & SCIENTIFIC Program, Henry Ford Hospital, Detroit, Michigan, June 2007.

OPINIONS

Adelaide A. Herbert, MD, Professor of Pediatrics and Dermatology, The University of Texas Medical Shool at Houston; President, Society for Pediatric Dermatology, May 2007

Amy S. Paller, MD, Walter J. Hamlin Professor and Chair, Dept. of Dermatology, Professor of Pediatrics, Feinberg School of Medicine, Northwestern University, May 2007

Amy S. Paller, MD, Walter J. Hamlin Professor and Chair, Dept. of Dermatology, Professor of Pediatrics, Feinberg School of Medicine, Northwestern University, May 2005

Medical Society of the State of New York, March 2007

Medical Society of the State of New York, June 2005

Pharmacists Society of the State of New York, April 2006

U.S. Food and Drug Administration's (FDA) Response to Citizen's Petition, 1997

U.S. FDA Assessment Memorandum on Lindane, posted 2003

U.S. Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease Treatment Guidelines

U.S. Environmental Protection Agency (EPA) Evaluation of Carcinogenic Potential of Lindane, 2001

U.S. EPA Reregistration Eligibility Decision (RED), 2002

U.S. EPA Revised Assessment of Risk From Use of Lindane For Treatment of Lice and Scabies, July 2002

U.S. EPA Response to Comments on the 2002 Lindane RED, July 2006

World Health Organization Background Document on Lindane for Drinking-Water Quality Guidelines, 2004

Please See Important Safety Information for Lindane Lotion and Shampoo

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Commitment to Public Health and Safety | Lindane Prescribing Information | FDA Information on Lindane

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DEPARTMENT OF DERMATOLOGY

6655 Travis, Suite 980 Houston, Texas 77030

713 500 8320 713 500 8321 fax

May 25, 2007

The Honorable Rebekah Warren
Chair of Great Lakes and Environment
& Honorable Members of the Committee
P. O. Box 30014
Lansing, MI 48909

RE: House Bill 4569

Dear Chairman Warren and Honorable Members of the Committee:

As a Board-certified pediatric dermatologist, I have grave concerns regarding House Bill 4569 in front of the Michigan State Legislature. It is my understanding that this bill is being put forth to prevent the use of the medication Lindane to treat scabies or lice. This medication has been available since the 1950s and has a long track record of safety. Many thousands of patients have been successfully treated with Lindane. Few medications that have been on the market for this length of time can demonstrate the outstanding safety and efficacy of this medication.

Additionally, the recent medical literature supports the fact that many of the over-the-counter products used to treat head lice have become increasingly less effective over time. As a result, many patients are currently being treated with the prescription-only medication Lindane with excellent outcomes. The loss of this medication will force physicians to use more expensive and more potent medications with a greater risk of potential toxicity for both children and adults.

I have enclosed some photographs of a two-year-old girl who was previously treated for scabies with oral Ivermectin, one of the most potent medications on the market. The patient failed Ivermectin therapy and May 25, 2007 Page -2-

was subsequently treated successfully with Lindane. This case represents only one example of the many reasons why this medication should remain in our formularies.

Although Lindane is considered "second-line" therapy for scabies and lice, its value cannot be underestimated. Those of us particularly in the pediatric dermatology community would not like to see this medication removed from our medical armamentarium. The loss of this drug would inhibit our ability to effectively treat those patients for whom first-line therapy is either ineffective or not indicated.

As the current President of the Society for Pediatric Dermatology, I can strongly attest to the value of Lindane for pediatric patients who suffer from scabies and lice. I have personally used this medication many times during my 21-year career in pediatric dermatology, and believe that it is both safe and effective when used according to the package insert.

Additionally, I trust you are aware that the concentration of medical lindane used on humans differs vastly from that used for agricultural purposes. The 2% lindane that is prescribed for scabies and lice in humans poses minimal risk to the environment. Concentrations of lindane used in farming concerns may range from 10 – 20%. This higher formulation of lindane is currently being phased out, and will soon no longer be used in agricultural applications in the United States.

I would be happy to provide additional information in support of the ongoing availability of Lindane for physicians in the Michigan area. If you have any further questions on this matter, please do not hesitate to contact me directly.

Sincerely Yours,

Adelaide A. Hebert, M.D. Professor of Dermatology

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President, Society for Pediatric Dermatology

AAH:drc enclosures

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